	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Application or Docket Number 2				
CLAIMS AS EILED DADT!														
(Column 1) (Column 2)								TYPE		MIIIY	OTHER THAN			
TOTAL CLAIMS			27				ŀ	RAT	E	FEE	7	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA		ŀ	BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		•	• 7		X\$ 9			OR	X\$18=	126	
INDEPENDENT CLAIMS			3 minus 3 =		• (Ø		X43:			OR	X86=		
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT								1	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	Ž)	TOTA			OR			
•									L		OR	TOTAL	896	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							1	SMAL	LE	ENTITY	OR	OTHER		
		CLAIMS		HIGH	EST	T			7	ADD:]		ADDI-	
AMENDMENT A	12/165	REMAINING AFTER		PREVIO	DUSLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID	FOR			¥0.0	\dashv	FEE		Y940	FEE	
		2	Minus	- 1	_			X\$ 9=	4		OR	X\$18=		
	Independent	NTATION OF 14		PENDENT	CLAPE			X43=			OR	X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	+145=			OR	+290=		
								TOTA				TOTAL		
(Column 1) · (Column 2) (Column 3)												ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING			HIGHE	ST	ST	lr		1	ADDI-			ADDI-	
	4/18/06	AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT	$\ \cdot\ $	RATE	ľ	TIONAL		RATE	TIONAL.	
	Total	. 21	Mireus	-2	7 .	• 0'		X\$ 9=	1		OR	X\$18=	/	
	Independent	. 3	Minus	***	2	- 0.	lt	X43=	1		OR	X86=\		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		٠٠			
								+145=			OR	+290=/		
											OR ,	TOTAL LODIT, FEE		
		(Column 1)	• •	(Colum		(Column 3)								
	•	CLAIMS REMAINING		HIGHE	er Jsly	PRESENT	Γ			ADDI-			ADDI-	
		AFTER . AMENDMENT		PREVIOL PAID R		EXTRA		RATE	ľ	TONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		- .		X\$ 9-	1		OR	X\$18=		
		•	Minus	# **		9	 	X43=	╁					
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=	+		OR	X86=		
+1											RO	i290=]	
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OTAL ADDIT. FEE OR ADDIT. FEE														
	the "Highest Nur	mber Proviously Paid ber Proviously Paid	of For IN THE	S SPACE IN	locs that	3 anter 3 *	~			opriete box	-			

FORM PTO-875 (Rev. 10/03)

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